

## UNITED STATES DISTRICT COURT

for the

Western District of Texas

STATE OF TEXAS

\_\_\_\_\_  
*Plaintiff(s)*

v.

ALEJANDRO MAYORKAS, in his official capacity as  
Secretary of Department of Homeland Security, et al.\_\_\_\_\_  
*Defendant(s)*

Civil Action No. 2:23-CV-0024-AM

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Alejandro Mayorkas, Secretary of Homeland Security  
 c/o Attorney General of the U.S.  
 950 Pennsylvania Avenue, NW  
 Washington, DC 20530-0001

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: AMY S. HILTON, Assistant Attorney General  
 Texas Bar No. 24097834  
 Office of the Attorney General of Texas, P.O. Box 12548, Capitol Station, Austin,  
 Texas 78711-2548  
 Amy.Hilton@oag.texas.gov

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT, PHILIP J. DEVLIN

*J. Sanchez*\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Date: 05/23/2023



Civil Action No. 2:23-CV-0024-AM

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Alejandro Mayorkas, Secretary of Homeland Security  
 was received by me on *(date)* 5/23/2023 .

☒ I personally served the summons on the individual at *(place)* c/o Attorney General of the U.S.,  
950 Pennsylvania Ave., NW, WA DC 20530-0001 on *(date)* 6/1/2023 ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 6/15/2023

/s/ Leif A. Olson

*Server's signature*

Leif A. Olson, Assistant Attorney General


*Printed name and title*

P.O. Box 12548  
Capitol Station  
Austin, TX  
78711-2548

*Server's address*

Additional information regarding attempted service, etc:

On May 24, 2023, I served this summons and Plaintiff's Original Complaint, via certified mail, return receipt requested #7020 1290 0000 7442 0378, delivered 6/1/2023.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Alejandro Mayorkas, Secretary of Homeland Security c/o Attorney General of the U.S. 950 Pennsylvania Avenue, NW Washington, DC 20530-0001</p>  <p>9590 9402 4481 8248 2585 70</p>		<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
		B. Received by (Printed Name)	C. Date of Delivery																
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>[Signature]</i></p> <p>JUN 01 2023</p>																	
<p>2 Article Number (Transfer from service label) 7020 1290 0000 7442 0378</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 4481 8248 2585 70

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

AMY HILTON, AAG  
Office of the Attorney General  
General Litigation Division  
PO Box 12548  
Austin TX 78711-2548

8/24/23

SOT v. Mayorkas, et al.

